



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
DEPARTMENT OF
INLAND FISHERIES & WILDLIFE
284 STATE STREET
41 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0041

CHANDLER E WOODCOCK
COMMISSIONER

TO THE APPLICANT:

Please complete and return this entire package with following items:

- Application for a Permit to allow the use of a suppressor while hunting
- Authority of Authorization to Release Information form must be filled out completely by the applicant whether applying for the first time or renewing. Return this form with the application to the Maine Warden Service
- Copy of Driver's License
- Copy of Completed ATF Form 4 with Authorized Tax Stamp
- Fee of twelve dollars (\$12.00)

Once received, the Maine Warden Service will conduct a wildlife crimes background check. As soon as the background check has been completed, you will be notified by phone of the status of the permit.

SEND YOUR COMPLETED APPLICATION PACKET TO THE MAINE WARDEN SERVICE AT THE ADDRESS LISTED ABOVE.

FREQUENTLY ASKED QUESTIONS

Question: I have more than one suppressor; do I need an IFW suppressor use permit for each of them?

Answer: No, the permit is issued to you and covers all legally purchased suppressors in your possession.

Question: Can I submit a valid ATF Form 4 that was issued under a trust as opposed to an individual with my application?

Answer: Yes.


Question: I own a legally obtained suppressor, and have an IFW suppressor use permit. Will a junior hunter need to obtain an IFW suppressor use permit to utilize a firearm with my suppressor attached?

Answer: No, as long as you are the supervising adult with the junior hunter.

Question: I am a gun shop owner, what form do I need to submit with my application for a suppressor use permit?

Answer: A copy of your FFL is acceptable.

MAKE CHECK PAYABLE TO: TREASURER, STATE OF MAINE

 <p style="text-align: center;">STATE OF MAINE</p> <p style="text-align: center;">APPLICATION TO ALLOW THE USE OF A SUPPRESSOR WHILE HUNTING</p> <p style="text-align: center;"><input type="checkbox"/> NEW \$12.00</p> <p style="text-align: center;"><input type="checkbox"/> CHANGE OF ADDRESS (\$2.00) <input type="checkbox"/> CHANGE OF NAME (\$2.00)</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>CHECK # _____ \$12.00</p> <p>PERMIT # _____</p> <p>ISSUE _____ DENY _____ DATE: _____</p> <p>EXPIRATION DATE IF ISSUED: _____</p>
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FULL NAME: _____

PRIOR LEGAL NAME(S): _____

ALIASES: _____

BIRTHDATE: _____ EYE COLOR: _____ HEIGHT: _____ FT _____ IN

BIRTHPLACE: _____ HAIR COLOR: _____ WEIGHT: _____

CITIZEN: _____ Y _____ N _____ RACE: _____ SEX: _____ M _____ F

EMAIL ADDRESS: _____

PHONE NUMBERS: _____

CELL: _____ HOME: _____ WORK: _____

LEGAL MAILING ADDRESS: _____

LEGAL PHYSICAL ADDRESS: _____

LIST ALL ADDRESSES YOU HAVE LIVED AT DURING LAST 5 YEARS; INCLUDE MOVE IN AND MOVE OUT DATES; USE ADDITIONAL SHEET OF PAPER IF NEEDED:

MO/YR IN – MO/YR OUT

LIST OF ALL PREVIOUS HUNTING CONVICTIONS IN MAINE OR IN ANY OTHER JURISDICTION:

LIST OF ALL PREVIOUS HUNTING LICENSE REVOCATIONS OR SUSPENSIONS IN MAINE OR IN ANY OTHER JURISDICTION. FOR EACH REVOCATION, PLEASE IDENTIFY THE AGENCY OR AUTHORITY THAT REVOKED THE LICENSE AND THE DATE IT WAS REVOKED OR SUSPENDED. (INCLUDE EXPLANATIONS)

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:

- A. Certify that the statements you have made on this application, and any documents you make a part of this application, are true and correct.
- B. I understand that any false statements I make in this application, or documents I make a part of this application, may result in criminal prosecution pursuant to 25 M.R.S.A. Section 2004(1) and/or 17-A M.R.S.A. Section 403, unsworn falsification.

Your Signature as Applicant

Date

AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE PURPOSE OF EVALUATING INFORMATION SUPPLIED ON APPLICATION FOR PERMIT TO ALLOW THE USE OF A SUPPRESSOR WHILE HUNTING

TO ALL LAW ENFORCEMENT AGENCIES, INCLUDING COURTS, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority, or its representative, any information in your possession or control concerning me pertaining to the following:

- 1) wildlife conviction data;**
- 2) any wildlife criminal matter in which a formal charging instrument is now pending;**
- 3) adjudication data relating to any juvenile wildlife offenses which involves conduct which, if committed by an adult, would be a crime;**
- 4) any juvenile matter in which a formal charging instrument is now pending involving any juvenile wildlife offense described in 3) above;**
- 5) fugitive from justice status;**
- 6) incidents of abuse of family or household members within the past five years;**
- 7) drug abuse, drug addiction or drug dependency;**
- 8) any mental disorder that causes me to be potentially dangerous to myself or others;**
- 9) reckless or negligent conduct as defined by 25 M.R.S. §2002(11) within the past five years;**
- 10) information of record indicating that I have been convicted of or adjudicated as having committed a violation of Title 17-A, chapter 45 or Title 22, section 2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22, section 2383 or a juvenile crime that would be defined as a criminal violation under Title 17-A, chapter 45 if committed by an adult; and**
- 11) whether I am currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains me from harassing, stalking or threatening an intimate partner, as defined in 18 United States Code, Section 921(a), or a child of an intimate partner, or from engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to that intimate partner or the child.**

TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:

I hereby authorize and direct you to release to the issuing authority named below, or its representative, any information in your possession or control concerning me pertaining to the following:

- 1) my full name;
- 2) my full current address and address for prior 5 years;
- 3) the date and place of my birth and physical description;
- 4) my signature.

Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.

DATE:	
APPLICANT'S FULL NAME: (Typed or printed)	
APPLICANT'S FULL NAME: (Signature)	
DATE OF BIRTH OF APPLICANT:	

Mailing Address of Applicant:	
Telephone Number of Applicant:	

MAINE WARDEN SERVICE _____ ISSUING AUTHORITY (Organization)	COL. JOEL T. WILKINSON, C/O MAJOR CHRIS CLOUTIER _____ ISSUING AUTHORITY REPRESENTATIVE (Name)
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**INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 M.R.S. § 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THE ISSUING AUTHORITY.
THIS ORIGINAL RELEASE, AND ANY COPIES, ARE VALID FOR A PERIOD OF SIX MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.**